

**WARWICK SEWER AUTHORITY - INDUSTRIAL PRETREATMENT PROGRAM  
WASTEWATER DISCHARGE PERMIT APPLICATION FOR  
FOOD PREPARERS AND FOOD PROCESSORS**

**SECTION A: FOOD PREPARER/PROCESSOR - GENERAL INFORMATION**

**Business Information (Local)**

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

FAX Number: \_\_\_\_\_

Name of Company Representative: \_\_\_\_\_

Representative's Title: \_\_\_\_\_

Representative's Signature: \_\_\_\_\_

Date of Application Submittal: \_\_\_\_\_

**Corporate Office Information**

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Billing Information**

Billing Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Property Owner Information**

Name of Property Owner: \_\_\_\_\_

Address of Property Owner: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Signature of Property Owner: \_\_\_\_\_

Date: \_\_\_\_\_

**WARWICK SEWER AUTHORITY - INDUSTRIAL PRETREATMENT PROGRAM  
WASTEWATER DISCHARGE PERMIT APPLICATION FOR  
FOOD PREPARERS AND FOOD PROCESSORS**

**SECTION B: GREASE REMOVAL SYSTEM**

	Number of Units	Size of Unit(s) in lbs. or gal.
<input type="checkbox"/> Internal Grease Trap	_____	_____
<input type="checkbox"/> Inground Grease Interceptor	_____	_____

Will biodegradation products be added to the grease removal system to aid in grease breakdown?

☐ Yes    ☐ No

If yes, please supply the names of the manufacturer and the product in the spaces provided below.  
Also, please attach a copy of the product MSDS to this questionnaire.

Manufacturer Name: \_\_\_\_\_

Product Name: \_\_\_\_\_

How frequently is it anticipated that the grease removal system will be pumped and/or cleaned?

\_\_\_\_\_  
\_\_\_\_\_

Pumping and/or cleaning of the grease removal system will be performed by:

☐ In-house personnel    ☐ Outside contractor

If an outside firm will be used, please supply the specified information in the spaces provided below.

Contractor Name: \_\_\_\_\_

Address and Phone Number: \_\_\_\_\_

**SECTION C: KITCHEN DESIGN**

Please check off which of the following items may be found at your business location:

<input type="checkbox"/> 3-bay sink	<input type="checkbox"/> dishwasher	<input type="checkbox"/> floor drains
<input type="checkbox"/> garbage disposal units	<input type="checkbox"/> pre-rinse station	<input type="checkbox"/> fryer
<input type="checkbox"/> mop sink	<input type="checkbox"/> vegetable wash sinks	<input type="checkbox"/> grease traps
<input type="checkbox"/> soup sink	<input type="checkbox"/> hand sinks	<input type="checkbox"/> grease interceptor

Other: \_\_\_\_\_

**Please provide with this application submittal, copies of the facility floor plan, plumbing plan and site plan. Where plans are unavailable for submission, drawings depicting the facility layout and kitchen flow(s) as well as a site drawing indicating the location of the grease interceptor (where applicable) will suffice.**

**WARWICK SEWER AUTHORITY - INDUSTRIAL PRETREATMENT PROGRAM  
WASTEWATER DISCHARGE PERMIT APPLICATION FOR  
FOOD PREPARERS AND FOOD PROCESSORS**

**SECTION D: BUSINESS SCHEDULE AND BUSINESS HOURS**

Please indicate below which days of the week your company will be open for business. Also indicate which types of meals will be served (i.e., breakfast, lunch, dinner):

OPEN DAYS OF WEEK	MEALS SERVED		
MONDAY <input type="checkbox"/>	BREAKFAST <input type="checkbox"/>	LUNCH <input type="checkbox"/>	DINNER <input type="checkbox"/>
TUESDAY <input type="checkbox"/>	BREAKFAST <input type="checkbox"/>	LUNCH <input type="checkbox"/>	DINNER <input type="checkbox"/>
WEDNESDAY <input type="checkbox"/>	BREAKFAST <input type="checkbox"/>	LUNCH <input type="checkbox"/>	DINNER <input type="checkbox"/>
THURSDAY <input type="checkbox"/>	BREAKFAST <input type="checkbox"/>	LUNCH <input type="checkbox"/>	DINNER <input type="checkbox"/>
FRIDAY <input type="checkbox"/>	BREAKFAST <input type="checkbox"/>	LUNCH <input type="checkbox"/>	DINNER <input type="checkbox"/>
SATURDAY <input type="checkbox"/>	BREAKFAST <input type="checkbox"/>	LUNCH <input type="checkbox"/>	DINNER <input type="checkbox"/>
SUNDAY <input type="checkbox"/>	BREAKFAST <input type="checkbox"/>	LUNCH <input type="checkbox"/>	DINNER <input type="checkbox"/>

Approximately what percentage of your weekly sales accounts for take-out only? \_\_\_\_\_ %

Please indicate below the hours that your company will be open for business:

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
OPEN	OPEN	OPEN	OPEN	OPEN	OPEN	OPEN
CLOSE	CLOSE	CLOSE	CLOSE	CLOSE	CLOSE	CLOSE

**SECTION E: SEATING CAPACITY**

Number of dining room seats:       Number of bar seats:

Number of lounge seats:       Total number of seats:

Are patrons allowed to eat in the bar and lounge areas?    YES ☐      NO ☐

If yes, are the menus the same as in the dining room?    YES ☐      NO ☐

**WARWICK SEWER AUTHORITY - INDUSTRIAL PRETREATMENT PROGRAM  
WASTEWATER DISCHARGE PERMIT APPLICATION FOR  
FOOD PREPARERS AND FOOD PROCESSORS**

**SECTION F: MENU**

If available, please attach a copy of your company's menu to this application form.

**SECTION G: FOOD PREPARATION**

Please choose the response(s) which most closely describes your business

☐

All foods are prepared from scratch in-house.

☐

Most foods are prepared from scratch in-house, however some are prepared off-site, then heated or fried prior to presentation.

☐

All foods are prepared off-site, then heated or fried prior to presentation.

**SECTION H: FLOW**

Estimated total number of gallons of water to be purchased annually (sanitary and process flows).

 gallons

Estimated number of gallons to be used annually for processing purposes only.

 gallons

**SECTION I: APPLICATION CERTIFICATION**

" I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violation."

\_\_\_\_\_  
PRINTED NAME OF SIGNING OFFICIAL

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF SIGNING OFFICIAL

\_\_\_\_\_  
DATE

**WARWICK SEWER AUTHORITY - INDUSTRIAL PRETREATMENT PROGRAM  
WASTEWATER DISCHARGE PERMIT APPLICATION FOR  
FOOD PREPARERS AND FOOD PROCESSORS**

**SECTION J: APPLICATION FEE**

Application forms must be returned to the Office of Industrial Pretreatment within thirty (30) days together with a fee of  unless the User has applied in writing to the Warwick Sewer Authority for a hearing to show cause as to why the User should not be categorized as a non-domestic User or should otherwise be exempt from the application and associated fees. Please make check payable to the Warwick Sewer Authority. Mail your completed application forms and check to the **Warwick Sewer Authority, Office of Industrial Pretreatment, 125 Arthur W. Devine Boulevard Suite B, Warwick, RI 02886-1044.**

**SECTION K: QUESTIONS/COMMENTS**

Should you have questions or comments concerning the application forms, please direct your questions/comments to:

**Office of Industrial Pretreatment Program**

**Warwick Sewer Authority**

**125 Arthur W. Devine Boulevard Suite B, Warwick, RI 02886-1044**

**Ms. BettyAnne Rossi, Pretreatment Coordinator**

**Phone: (401) 468-4726 \* FAX: (401) 468-4799 \* e-mail: bettyanne.rossi@warwickri.com**

**Mr. Matthew Gosselin, Pretreatment Inspector**

**Phone: (401) 468-4723 \* FAX: (401) 468-4799 \* e-mail: matthew.e.gosselin@warwickri.com**